Sec. 420. By March 1, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house judiciary committees, the senate and house fiscal agencies, and the state budget director on performance data and efforts to improve efficiencies relative to departmental staffing, health care services, food service, prisoner transportation, mental health care services, and pharmaceutical costs.

The full audit report and department’s response is available on the Office of the Auditor General web page http://audgen.michigan.gov.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Compliant*

**Finding 01 – Atypical Antipsychotic Medications**

MDOC has implemented measures to contain prescribing of high-cost, atypical antipsychotic medications. All existing atypical antipsychotic prisoner prescription medications were reviewed, and the Medical Services Advisory Committee (MSAC) and Psychiatric Services Advisory Committee (PSAC) continue to monitor the overall system of prescribing patterns and formulary changes.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Ongoing- Estimated completion date 9/2013*

**Finding 02 – Monitoring of Medication Returns and Disposals**

A new pharmacy contract was implemented January 1, 2012. The existing Operating Procedure is being updated, and will include instructions for staff on the new processes related to returns and disposals. The contract contains language that strengthens the reconciliation process. The Third Party Reviewer conducted facility audits in the summer of 2011, and will conduct another series of audits once the operating procedure is updated.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Ongoing- Estimated completion date 9/2013*

**Finding 03 – Medication Refills**

The Bureau of Health Care Services (BHCS) has a process in place for tracking and monitoring refills. In order to reduce inventory, discourage diversion, and assure that medications are self-administered correctly; prisoners are being asked to bring all routine medications each time they are to receive a new prescription or refill. An Electronic Medication Administration Record would greatly streamline the process although that technology is still not available in the Corrections area. BHCS is requesting this technology as part of its Electronic Health Record RFP. Additionally, BHCS leaders are exploring the possibility of prisoners being responsible for Keep on Person (KOP) medications, which would include initiating all refills for those...
medications. If prisoners can be responsible for KOP medications then the Operating Procedure will be updated to include language explaining this modification.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Compliant*

**Finding 10 – Prisoner Medications**

MDOC periodically counts high-cost restricted medications and compares them to what should be on hand. Once technology becomes available this process will be simplified. As part of the new Pharmacy contract, scanning technology is now used in reconciling the receipt of medications to the manifests.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Ongoing- Estimated completion date 9/2013*

**Finding 02 – Monitoring of Medication Returns and Disposals**

BHCS is updating the Operating Procedure based on an audit review process by our Third Party Review contractor. The operating procedure is under review now, and expected to be implemented in early 2013. Our Third Party Reviewer will then go out in the spring or early summer and audit all of the facilities and provide a report on how the procedure is being implemented through the State. The Bureau of Health Care Services reports that they are on target with meeting the compliance date of 9/1/2013.

**Pharmaceutical Costs** – (last update requested 06-06-2012)

*Ongoing- Estimated completion date 9/2013 revised to 4/2014*

**Finding 03 – Medication Refills**

The Bureau of Health Care Services (BHCS) has reported that the compliance date will need to change to April 1, 2014. The reason for the change is that it is reliant on new technology. We are extending our existing contract and will then be writing an RFP for the technology. Due to that process, we need to extend the timeframe to April 1, 2014.

**Prisoner Medical and Dental Services** – (last update requested 11-05-2012)

*Ongoing – Estimated completion date 9/2013*

**Finding 01 – Delivery of Health Care Services**

In the last update provided, we indicated that our new compliance date would be September 2013 because we were waiting on the development of reports related to the Electronic Medical Record by our current vendor. These reports will allow us to better monitor and track these services. We are on track for compliance by September 2013.

**Prisoner Medical and Dental Services** – (last update requested 11-05-2012)

*Ongoing – Estimated completion date 9/2013*

**Finding 03 – Electronic Prisoner Medical Record System**

In the last update provided, we indicated that our new compliance date would be September 2013 because we were waiting on the development of reports (Chronic Care Visits and Prisoner Kites) by our Electronic Medical Record vendor. We are on track for compliance by September 2013.
Prisoner Food Services – (last update requested 11-05-2012)

Ongoing
Finding 01 – Food Services Cost Saving Measures

MDOC has complied and while the MDOC is exploring a competitive bid process to get to a total lowest cost not price way of doing business. The Food Service continuous quality improvement team continues to look at innovative ways of reducing out cost statewide while continuing to meet the nutritional needs of our prisoners. MDOC has also implemented a computerized swipe card system reducing the number of meals needing to be prepared, thus reducing additional cost.

Prisoner Food Services – (last update requested 11-05-2012)

Compliant
Finding 02 – Food Production

MDOC is in compliance by implementation of a food production database used statewide. This Food Production Database in conjunction with State Wide Standard Menu uses the same standards, nutritional menu and relative paperwork to include production worksheets are used at all facilities. This approach is 100% completed, the measuring of this process beginning in July of 2012 this process will help ensure continued compliance. The measuring of this process will never cease as it is truly a Continuous Quality Improvement (CQI) process.